

M18000C10997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

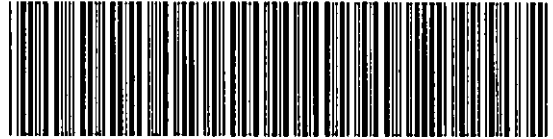
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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M18-10997

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N. CAUSSEAU

DEC 11 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Bergamot, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Larry K. Libman, Esq.

Name of Person

Axley Brynelson, LLP

Firm/Company

2 East Mifflin Street, Suite 200

Address

Madison, WI 53703

City/State and Zip Code

llibman@axley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry K. Libman

Name of Person

at (608) 257-5661

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2018

LARRY K. LIBMAN, ESQUIRE
AXLEY BRYNELSON, LLP
2 EAST MIFFLIN STREET, SUITE 200
MADISON, WI 53703

SUBJECT: THE BERGAMOT, LLC
Ref. Number: M18000010997

We have received your document for THE BERGAMOT, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The form completed is for a corporation, not an LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 018A00025147



Office Location

- ☐ 2 East Mifflin Street, Suite 200
 Madison, WI 53703
 Telephone: 608.257.5661
 Facsimile: 608.257.5444
- ☐ N20 W22961 Watertown Road
 Waukesha, WI 53186
 Telephone: 262.524.8500
 Facsimile: 262.524.9200

FACSIMILE COVER SHEET		Direct Dial: 608-283-6710 E-mail: hggunyon@axley.com	
Date:	December 11, 2018		
To:	Nanette		
Fax No:	850-245-6030	Phone No.:	
From:	Heidi Gunyon		
Subject:	The Bergamot, LLC M18000010997		
Number of pages (including coversheet):		4	
Original to follow:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Message:	<p>Nanette, thank you for your efforts to solve my issue. Attached is the Application by Foreign LLC to File Amendment to Certificate of Authority to Transact Business in Florida. This Amendment is being filed to change management of the LLC. The Authorized Members currently on file with your office should be removed and the MANAGING MEMBER, BERGAMOT MANAGEMENT CORP. should be added to bring your records current with the Amended and Restated Operating Agreement of the LLC. You indicated you had sufficient funds to pay the filing fee and that no other documentation was required to file this Amendment. If you discover you need something, please contact me at 608-283-6710. Following the filing of the Amendment, is it possible to email or fax a copy of the Certificate of Status to me, and then follow up with the original by mail? My fax number is 608-257-5444 and my email address is hggunyon@axley.com. Thanks again, Heidi</p>		
NOTICES AND DISCLAIMERS: 1. <u>Confidentiality/Privilege/Work Product.</u> Unless otherwise indicated or obvious from the nature of this transmittal, the information contained in this transmission is confidential and protected from disclosure by the attorney-client privilege, or by attorney work-product doctrine, or by various privacy laws, or by virtue of it being proprietary in nature. This transmission is intended for the exclusive use of the named recipient. If you are not the named recipient, or the employee or agent responsible to deliver it to the named recipient, you are hereby notified that any use, copying, disclosure, dissemination, or other distribution of the information transmitted herewith is strictly prohibited and you may be subject to legal restrictions or sanctions. If you have received this communication in error or are not sure whether it is confidential, please immediately notify us by telephone (collect) at (608) 257-5661; and return the original message to us at the above address or destroy all copies. Thank you. 2. <u>IRS Circular 230.</u> To ensure compliance with requirements imposed by the IRS, we inform you that any U.S. federal tax advice contained in this communication (including any attachments) is not intended to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein. 3. <u>Opt Out.</u> In the event you do <u>not</u> desire to receive communications from us via facsimile transmission, you must so notify us by telephoning the sender identified above at the number indicated hereon (or if your call would be long distance, then use 800-368-5661) or by e-mailing such a notice to the sender at the above e-mail address. Unless you elect <u>not</u> to receive facsimile transmissions, you will be deemed to have consented to this mode of communication.			

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: The Bergamot, LLC

Enter new principal office address, if applicable: _____

(Principal office address)

MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)

MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M18000010997

3. Jurisdiction of its organization: Wisconsin

4. Date authorized to do business in Florida: August 28, 2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

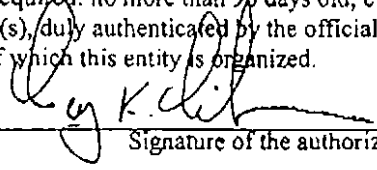
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MMBR	Bergamot Management Corp.	101 E. Main Street, Suite 500	<input checked="" type="checkbox"/> Add
		Mt. Horeb, WI 53572	<input type="checkbox"/> Remove
AMBR	Galtina Bergamot, LLC	101 E. Main Street, Suite 500	<input type="checkbox"/> Add
		Mt. Horeb, WI 53572	<input checked="" type="checkbox"/> Remove
AMBR	McClaren, H. Bruce	201 E. Ogden Avenue	<input type="checkbox"/> Add
		Hinsdale, IL 60521-3697	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Larry K. Libman, Attorney for Member, Bergamot Management Corp.

Typed or printed name of signee

Filing Fee: \$25.00

RECEIVED 06 PM 2:20